

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/0 9626**
10/089626 FILING DATE
APPLICANT(S)

		CLAIMS					
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		2		2		2	
TOTAL DEP.		3		0		10	
TOTAL CLAIMS		5		2		12	
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